

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 454-2657



February 13, 1985

ALL-COUNTY LETTER NO. 85-23
FSD LETTER NO. 85-07

TO: ALL COUNTY WELFARE DIRECTORS
ALL DISTRICT ATTORNEYS
ALL TITLE IV-D AGENCIES

SUBJECT: SECOND SET OF REGULATIONS FILED WITH THE SECRETARY OF STATE RE
FEDERAL DEFICIT REDUCTION ACT OF 1984 (DEFRA)

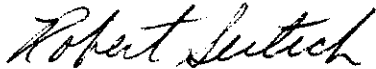
REFERENCE: ACL 84-105, ACL 85-02

The purpose of this letter is to provide you with instructions for implementing the second set of regulations resulting from the federal Deficit Reduction Act of 1984 - DEFRA (PL 98-369). These emergency regulations were filed with the Secretary of State on January 18, 1985 and became effective on that date. An endorsed copy of the regulations was mailed to you on January 24, 1985. Attached is specific information for implementing the regulations.

These provisions affect Aid to Families with Dependent Children (AFDC), Refugee Cash Assistance (RCA), and Entrant Cash Assistance (ECA) Programs, and the Refugee Demonstration Project (RDP). The only exception is the Sponsored Alien provision which affects only AFDC cases. The Deeming of Income to Minor Parents, Sponsored Aliens, and Real Property Exclusion provisions also affect AFDC Foster Care cases (AFDC-FC).

If you have any questions, please contact the appropriate unit: AFDC Policy Implementation Bureau (916) 322-5330 or ATSS 8-492-5330; Refugee

County Welfare Department Operations Bureau (916) 322-3141 or ATSS
8-492-3141; Fiscal Policy and Procedures Bureau (916) 445-7046 or
ATSS 8-485-7046; Foster Care Program Management Bureau (916) 445-0813 or
ATSS 8-485-0813.



for ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

Implementation Instructions
Second Set of DEFRA Regulations

The following information provides general guidelines for eligibility and grant determination under the second set of DEFRA regulations. All provisions became effective on January 18, 1985.

I. IMPORTANT DATES

- A. For applicant families, eligibility and grant are to be determined under these regulations for any case with a beginning date of aid on or after January 18.
- B. For continuing cases, eligibility determination from February 1 forward will include any new members and/or any new income and resources available to the assistance unit. Aid payment computation from February 1 forward is explained under Section IIB below.
- C. The Child Support Disregard provisions affect support payments received since October 1, 1984. See All-County Information Notice I-111-84.

II. REGULATIONS

A. \$50 Child/Spousal Support Disregard Issuance

(EAS 25-370; 40-173.7; 40-181.242, .26; 42-213.2K; 43-201.218, .219; 43-201.3; 43-203.11; 43-203.12 through .15; 43-203.2; 44-111.47; 44-113.7; 44-207.211b)

- o This provision covers the issuance of the disregard payments to the recipients.
- o Detailed information was transmitted to counties through ACIN I-111-84, dated December 19, 1984. ACL 85-01, dated January 3, 1985, transmitted detailed claiming instructions.
- o Treatment of the disregard, once received by the assistance unit, was covered in the DEFRA I regulations package effective October 1, 1984 (see the All-County Welfare Directors Letter of September 28, 1984).
- o This provision expands the DEFRA I \$50 Child Support Disregard provision to include spousal support.
- o Current support payments received on or after October 1, 1984 are covered by this provision (EAS 43-203.11).
- o If an assistance unit receives a disregard payment attributable to a prior month(s) as well as a current month disregard payment, the assistance unit is entitled to both disregards (EAS 44-111.473).

For example, at county implementation in January, a recipient might receive disregard payments for October, November, December and January. These payments are all disregarded as income and property for determining eligibility and grant amount for the budget month of January. For Food Stamp purposes, only the amount of the payment which represents the current month's disregard is counted as income. The remainder is considered a nonrecurring lump-sum payment which is excluded as income but counted as a resource in the month received.

B. Assistance Unit/Filing Unit

(EAS 40-118; 42-213.29; 44-101.2; 44-113.3; 44-133.314; 44-133.62 a, b; 44-133.8; 44-203 Title, .3; 44-205 Title, .2, .413, .42; 44-206 Title, .1, .22)

- o An application or restoration request must be denied if the applicant refuses to include on the CA 2 or CA 8 any individual who must be included in the filing unit (EAS 40-118).
- o As you know, in the regulations we use the terms "FBU and "Assistance Unit" interchangeably.
- o The Assistance Unit must include certain eligible minor siblings living with the aided child and must include the parents of all these children (EAS 44-205.4) with certain exceptions (EAS 44-205.42 and 44-206).
- o The separate income and resources of unaided potentially eligible minor siblings will be used in the family's eligibility and grant determination. This includes children who are required to be included in the assistance unit but who do not wish to receive aid, as well as potentially eligible children who are, in fact, not eligible because of some action or inaction on their part, e.g., failure to WIN register or to cooperate in obtaining a Social Security number.
- o A "potentially eligible" child is one who meets the eligibility conditions of Section 44-203.1, Eligible Children, except that, when it is not within the family's ability and control to perform actions necessary to meet additional required eligibility conditions for a child, the child is not considered to be potentially eligible. Examples of children not considered potentially eligible are:
 - SSI recipients
 - undocumented aliens
 - alien children having needs met by an agency sponsor.
- o Income will be budgeted according to existing rules; see EAS 44-313 and ACL 84-59. For a summary of how to budget the additional income, see the attached chart, "Eligibility Determination and Budgeting of Additional Income to be considered under DEFRA changes effective February 1, 1985."

- o Income required to be counted by these new regulations but which is received before February 1, 1985 will not be counted (budgeted).
- o We recognize that counties will not be able to add persons, budget added income, or count additional resources to existing assistance units by February 1, 1985. If additional income and/or resources are required by these regulations to be counted for an existing assistance unit, and the county is taking action after February 1, 1985, the county must consider the income and/or resources available to the assistance unit for the month of February as explained below (even when, for a person added to the assistance unit, the beginning date of aid is a later date).
- o If a person to be added has no income or resources, there is no effect on the existing assistance unit until the beginning date of aid for that person, when the Maximum Aid Payment (MAP) for the family is increased.
- o When the county determines after February aid has been paid that additional income and/or resources must be counted for the assistance unit, the eligibility and the grant amount must be redetermined for February (and March, if necessary). When all of the resources that must be considered exceed \$1,000, the family is ineligible and overpaid for February 1985.
- o If a person to be added to the assistance unit has income (e.g., February), that person's nonexempt current income (February) will be added to the other current income of the family (February) for a prospective determination of (February) income eligibility (including the 185% and financial eligibility tests) for February 1985. If the family is eligible, the income of the person required to be added but not yet in the assistance unit is counted in the same manner as the income of an excluded parent (see EAS 44-133.3). As noted above, the income is budgeted according to existing rules.

When the person to be added has income which must be prospectively budgeted and will have a beginning date of aid other than the first of a month (e.g., March 22), the grant is prorated as described on Page 1 of ACL 84-59. Thus, to compute the correct aid for March, the computed aid for the family is combined with the prorated aid for, or contribution from, the added person(s). This total is compared with the grant already paid to determine any underpayment or overpayment to be corrected.

BUDGETING EXAMPLE

A continuing case (retrospectively budgeted) consists of three persons with net monthly earnings of \$175 and a grant of \$380 (\$555 for 3 - \$175 income = \$380 grant). There is a child with Social Security (OASDI) income of \$350 a month who has been living in the home and who now must be included in the assistance unit. The CA 8 is not completed and aid is not authorized until

March 22, which is, therefore, the beginning date of aid. For February, the child's OASDI (\$350), minus an allocation equal to the MAP differential (\$660 - \$555 = \$105), is considered income to the family (\$350 - \$105 = \$245) to be retrospectively budgeted to the April payment month. The \$380 grant for February is unaffected by this additional income.

The computed aid for the family of three for March is the same as for February (\$380). For the added child, the MAP differential (\$660 - \$555 = \$105) is combined with the child's income (+\$105 - \$350 = -\$245) to arrive at the added child's adjustment to the grant on a monthly basis. This is prorated to arrive at the portion for the time the child is aided ($-\$245 \div 31 \text{ days} \times 10 \text{ days} = -\79). The result is combined with the aid for three to arrive at the correct aid amount for March (\$380 - \$79 = \$301). Finally, the amount of the overpayment is computed for March (\$380 - \$301 = \$79).

Although the child was not added to the FBU until March, the OASDI income is retrospectively budgeted beginning in April because the income, resources, and needs of the child were considered both in February and in March (see ACL #84-59, page 2). Income budgeted to May will be the total (March) income of the four aided persons (\$175 + \$350 = \$525).

C. Deeming of Income to Minor Parents

(EAS 40-128.12, .14; 40-181.241i; 44-115.72; 44-133.62, .63, .7)

- o For purposes of income deeming only, a minor parent is defined as a parent who is less than 19 years of age (EAS 44-133.711). This provision does not change the standard definition of minor parent (EAS 43-103.2) for purposes of assistance unit composition.
- o For AFDC-FC cases, the deemed income should be applied against the AFDC-FC payment.
- o The Senior Parent(s)/Legal Guardian(s) Statement of Facts (Supplement to CA 2), the CA 23, gathers initial information on the income of the senior parent or legal guardian needed to do the eligibility and grant determinations at application. The Senior Parent(s)/Legal Guardian(s) Income Report (Supplement to Monthly Eligibility Report), the CA 73, gathers information on changes in income each month.
- o For continuing cases who have income deemed to them in February from senior parents, the new income should be treated as any other income to the assistance unit; it should be used for eligibility determination and, if the case remains eligible, the income should be retrospectively budgeted.

D. Protective Payment Exception

(EAS 42-691.5; 44-309.1, .12; 44-310)

- o If, after all reasonable efforts, the county is unable to find a suitable protective payee, the county will be allowed to make payments to the sanctioned caretaker who is ineligible due to failure to meet work incentive program or child support program requirements.
- o The sanctioned caretaker will continue to be ineligible for aid.

E. Sponsored Aliens

(EAS 40-128.13; 42-205.5; 43-119; 44-133.10, .102)

- o Aliens sponsored by agencies or organizations are considered ineligible for aid for three years after entry into the United States unless the agency or organization no longer exists, or, if it does exist, that it is not able to provide for the needs of the alien.
- o In situations where an agency or organization sponsors less than all members of an assistance unit, the standard for determining the sponsor's ability to meet the alien's needs is the alien's pro rata share of MBSAC for the assistance unit.
- o The form titled "Sponsoring Agency or Organization's Statement of Facts Regarding Ability to Meet the Alien's Needs - (Supplemental Application for AFDC)," the CA 24, will gather information necessary to determine the eligibility for aid of these aliens. The Monthly Eligibility Report (CA 7) will be used to gather monthly income information for any eligible cases.
- o For continuing cases who have income deemed to them in February from a sponsoring agency or organization, the new income should be treated as any other income to the assistance unit; it should be used for eligibility determination and if the case remains eligible, the income should be retrospectively budgeted.

F. Real Property Exclusions

(EAS 42-213.12)

- o Excess real property that the family is making a good faith effort to sell may be excluded from the resource limit for six months.
- o AFDC paid during this period is considered repayable aid and will be recouped from the sale of the property. The repayable aid cannot exceed the net proceeds from the sale of the property. The family will be required to grant the county a lien against the real property as security for the aid to be repaid.

- o Camera ready copies of a lien form (CA 81) and an Agreement to Sell Property (CA 82) are attached. The use of these specific forms is recommended but not mandatory. Counties may use their own forms as long as they are legally enforceable.

III. FORMS

As noted in Part II above, several forms have been developed to accommodate the changes in this package. Reproducible copies of the English versions of the following forms are attached:

- CA 23 Senior Parent/Legal Guardian Statement of Facts--Supplement to CA 2
- CA 73 Senior Parent/Legal Guardian Income Report--Supplement to Monthly Eligibility Report
- CA 24 Sponsoring Agency or Organization's Statement of Facts Regarding Ability to Meet the Alien's Needs--Supplemental Application for AFDC
- CA 81 Lien
- CA 82 Agreement to Sell Property

Because usage is expected to be low, the State Department of Social Services will not be printing and stocking supplies of these forms; counties should make their own copies as needed. Spanish translations of the CA 23, CA 24, and CA 73 are currently in progress; you will be notified as soon as reproducible copies are available.

IV. NOTICES

The informational notice for the \$50 Child/Spousal Support Disregard was sent to counties via All-County Letter 85-06, dated January 16, 1985.

Reproducible copies of the English version of Notices of Action for DEFRA regulation changes other than the Support Disregard were mailed the first week in February. Translated versions will follow.

V. QUALITY CONTROL IMPACT

Federal quality control review procedures have been modified to provide a relief from atypical error rates which could result from implementation of the Deficit Reduction Act. These modified procedures are to be in effect for the October 1984 through September 1985 QC sample period. Copies of modified QC procedures have been provided to counties by the Quality Control Bureau.

VI. ADMINISTRATIVE COSTS

SDSS has evaluated the administrative cost impact for each of the provisions in this package. The result shows a cost impact for the \$50 Child/Spousal Support Disregard provision while the remaining provisions reflect unknown or negligible impacts. Although there are costs anticipated for the Child Support provision, the allocation of funds to cover the workload incurred is contingent on available funding in the FY 1984/85 appropriation.

ELIGIBILITY DETERMINATION AND BUDGETING OF ADDITIONAL INCOME TO BE CONSIDERED UNDER
DEFRA CHANGES EFFECTIVE FEBRUARY 1, 1985

(This chart illustrates standard rules and policy. No special treatment is implied.)

Eligibility Determination: If the additional income is countable, include it and needs in the eligibility computation for the family prospectively, e.g., February income for February eligibility determination, March income for March eligibility determination, etc.

Budgeting:

Income Received in Month of	Child's Countable Income				Senior Parents and Legal Guardian's Deemed Income*
	Child Added to AU in February (Prorate from BDA)	Child Added to AU in March (Prorate from BDA)	Child Added to AU in April (and Later)	Child Not Added to AU but Income Counted	
February	February income budgeted to February (from BDA) and to April	February income budgeted to April	February income budgeted to April	February income budgeted to April	February income budgeted to April
March	March income budgeted to March and May	March income budgeted to March (from BDA) and to May	March income budgeted to May	March income budgeted to May	March income budgeted to May
April	April income budgeted to June	April income budgeted to June	April income budgeted to June	April income budgeted to June	April income budgeted to June

BDA = Beginning Date of Aid

AU = Assistance Unit

*For Foster Care cases continue to use prospective budgeting.

**SENIOR PARENT(S)/
LEGAL GUARDIAN(S)
STATEMENT OF FACTS***(Supplement to CA 2)*

Case Name:

Case Number:

INSTRUCTIONS: State and Federal regulations require that when a minor parent (up to age 19) applies for cash aid through the Aid to Families with Dependent Children (AFDC) program, the income of the senior parent(s)/legal guardian(s) living in the same household must be counted. The county welfare department must determine how much income from the senior parent(s)/legal guardian(s) will be deemed available to the minor parent for eligibility and grant amount purposes.

- In order for the county welfare department to determine how much income will be counted and deemed available to you, you must complete this form (CA 23) and return it with your CA 2. If this form is not received or is incomplete, your cash aid application will be denied.
- Answer the following questions about your parent(s)/legal guardian(s) living with you.
- Call your worker if you need help completing this form.

- ① Does your parent(s)/legal guardian(s) receive income, money, or benefits in the month, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment/disability insurance, interest, worker's compensation, SSI/SSP (gold checks), child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc? ☐ YES ☐ NO

If Yes, complete section below. Attach paystubs or other proof of your parent(s)/legal guardian(s) earnings. Also attach proof for any other income received. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses each month.

Name of Parent(s)/ Legal Guardian(s) Who Receives Income, Money or Benefits?	Source (If Earnings, List Name of Employer)	Enter Below Dollar Amounts and Actual Dates Received. If earnings, enter gross amount before deductions.					If Earnings	
		Amount \$	Amount \$	Amount \$	Amount \$	Amount \$	Number of Days Worked in Month	Number of Hours Worked in Month
		Date	Date	Date	Date	Date		
		Date	Date	Date	Date	Date		

- ② Does your parent(s) or legal guardian(s) support and claim as Federal tax dependents other persons living in the home? ☐ YES ☐ NO
If Yes, list name of person(s) and relationship.

Name	Relationship	Name	Relationship

- ③ Does your parent(s) or legal guardian(s) make payments to persons not living with them whom they claim as Federal tax dependents? ☐ YES ☐ NO
If Yes, list name of person(s), amount paid and ATTACH proof.

Name	Amount Paid	Name	Amount Paid
	\$		\$

- ④ Does your parent(s) or legal guardian(s) make child and/or spousal support payments to persons outside the home? ☐ YES ☐ NO
If Yes, list name of person(s), amount paid and ATTACH proof.

Name	Amount Paid	Name	Amount Paid
	\$		\$

CERTIFICATION

I understand that failing to report information or misrepresentation of facts for Cash Aid or Cash-based Medi-Cal can result in legal prosecution with penalties of a fine, imprisonment or both.

I understand that I must contact my worker to report any unexpected changes which affect my eligibility for or the amount of my Cash Aid within 5 days of the occurrence or if I have any doubt about needing to report any changes.

I declare under penalty of perjury that the information contained in this report is true and correct.

YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE CONSIDERED INCOMPLETE.

Signature of Cash-Aided Minor Parent	County Where Signed	Date Signed
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COUNTY USE ONLY

SENIOR PARENT(S)/LEG GUARDIAN(S) INCOME REPORT

(Supplement to Monthly Eligibility Report)

Name:

Case Number:

Report Is For Month Of:

INSTRUCTIONS: State and Federal regulations require that when a minor parent (up to age 19) receives cash aid through the Aid to Families with Dependent Children (AFDC) program, the income of the senior parent(s)/legal guardian(s) living in the same household must be counted. The county welfare department must determine how much income from the senior parent(s)/legal guardian(s) will be deemed available to the minor parent for eligibility and grant amount purposes.

- In order for the county welfare department to determine how much income will be counted and deemed available to you, you must complete this form (CA 73) entirely and return it with your CA 7 Monthly Eligibility Report. This form is due back at the welfare department by the 5th of the month. If this report is not received by the 11th of the month or is incomplete, your cash aid and cash-based Medi-Cal may be delayed, decreased, or discontinued.
- Answer the following questions about your parent(s)/legal guardian(s) living with you.
- Call your worker if you need help completing this form.

1 Did your parent(s)/legal guardian(s) receive income, money, or benefits in the month, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement unemployment/disability insurance, interest, worker's compensation, SSI/SSP (gold checks) child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc? ☐ YES ☐ NO

If Yes, complete section below. Attach paystubs or other proof of your parent's/legal guardian's earnings this month. Attach proof for any other income only when it starts and when it changes. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses this month.

Name of Parent(s)/ Legal Guardian(s) Who Received Income, Money or Benefit?	Source (If Earnings, List Name of Employer)	Enter Below Dollar Amounts and Actual Dates Received. If earnings, enter gross amount before deductions.					If Earnings	
		Amount \$	Amount \$	Amount \$	Amount \$	Amount \$	Number of Days Worked In Month	Number of Hours Worked In Month
Name of 1st Parent/ Legal Guardian		Date	Date	Date	Date	Date		
Name of 2nd Parent/ Legal Guardian		Date	Date	Date	Date	Date		

2 Was there a change in the number of persons living with your parent(s)/legal guardian(s) whom they claim as Federal tax dependents? ☐ YES ☐ NO
If Yes, explain the change. List name of person(s) and date of change.

3 Was there a change in the amount paid by your parent(s)/legal guardian(s) to a person living outside the home whom they claimed as a Federal tax dependent? If Yes, complete section below. Give name of person, amount paid and ATTACH proof. ☐ YES ☐ NO

Name	Amount Paid	Name	Amount Paid
	\$		\$

4 Was a payment made by your parent(s)/legal guardian(s) for child and/or spousal support to persons living outside the home? If Yes, complete section below. Give name of person, amount paid and ATTACH proof. ☐ YES ☐ NO

Name	Amount Paid	Name	Amount Paid
	\$		\$

CERTIFICATION

I understand that failing to report information or misrepresentation of facts for Cash Aid or Cash-based Medi-Cal can result in legal prosecution with penalties of fine, imprisonment or both.

I understand that I must contact my worker to report any unexpected changes which affect my eligibility for or the amount of my Cash Aid within 5 days of the occurrence or if I have any doubt about needing to report any changes.

I understand that reported information may result in a decrease or discontinuance of benefits.

I understand I have the right to request a state hearing on any proposed action by the county welfare department.

I declare under penalty of perjury that the information contained in this report is true and correct and is complete for the entire report month.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

Signature of Cash-Aided Minor Parent	County Where Signed	Date Signed
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COUNTY USE ONLY

**SPONSORING AGENCY OR ORGANIZATION'S
STATEMENT OF FACTS REGARDING ABILITY
TO MEET THE ALIEN'S NEEDS
(SUPPLEMENTAL APPLICATION FOR AFDC)**

Case Name :
Case Number :
Worker Number :
Telephone :
Date :

INSTRUCTIONS: Please read the important information on the back of this form and complete the following questions for your agency or organization and return it to the alien immediately.

Applicant's Name and Address

① According to AFDC standards, this Alien's monthly need amount is \$ _____ Is your agency or organization able to pay this amount? ☐ YES ☐ NO

IF YES, COMPLETE ITEM ③ AND THE CERTIFICATION SECTION BELOW. IF NO, COMPLETE ITEMS ②, ③ AND THE CERTIFICATION SECTION.

② What can your agency or organization contribute to help meet alien's monthly need? \$ _____

OTHER: Free housing, food, etc? (Specify) _____

③ NAME OF AGENCY/ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____ CITY _____ STATE _____ ZIP CODE _____

CERTIFICATION OF SPONSOR

- I understand that misrepresentation of the above statements can result in legal prosecution with penalties of a fine, imprisonment, or both.
- I understand that if I fail to accurately report information, I may be required to repay any aid the alien receives to which he or she is not entitled.
- I understand that the statements made on this form are subject to investigation. I am also aware that the alien's case and the sponsor's statement may be selected for an additional review to ensure that the alien's eligibility was determined correctly.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

SIGNATURE OF SPONSOR	TITLE	CONTACT PERSON
COUNTY WHERE SIGNED		DATE

CERTIFICATION OF APPLICANT

- I have reviewed this signed and completed form from my sponsor(s).

I DECLARE UNDER PENALTY OF PERJURY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF ALIEN OR DECLARANT'S MARK	DATE
COUNTY WHERE SIGNED	

SIGNATURE OF WITNESS TO ALIEN'S OR DECLARANT'S MARK	DATE

**AGENCY OR ORGANIZATION — SPONSORED ALIENS APPLYING FOR OR RECEIVING
AID TO FAMILIES WITH DEPENDENT CHILDREN**

IMPORTANT INFORMATION FOR SPONSORED ALIENS

Your sponsoring agency or organization is responsible for meeting your needs for three years following your entry into the United States. As long as your sponsoring agency or organization is able to meet your needs, you cannot qualify for AFDC benefits. However, if your sponsor no longer exists, or cannot meet its obligation to provide your needs, you may be eligible for benefits.

In order to determine whether you can qualify for AFDC, the County Welfare Department must review your sponsor's ability to meet your needs. Your sponsor must provide the information requested on the front of this form (CA 24).

You are responsible for getting all the information requested to the county welfare department for both you and your sponsor. Your sponsor must provide the information requested on the front of this form. If your sponsor does not provide the requested information, you will not be eligible for aid.

IMPORTANT INFORMATION FOR SPONSORS

The alien your agency or organization sponsors has applied for AFDC. As the sponsor of this alien, you are obligated to meet his or her needs for a period of three years following his or her entry into the United States.

California regulations require the County Welfare Department to determine the extent of your ability to meet the needs of this alien in order to determine whether the alien qualifies for public assistance. The attached form must be completed and signed under penalty of perjury. It must be signed by the director of your agency or organization (or a comparable responsible person).

If the alien receives benefits to which he or she is not entitled because you failed to accurately report information, you and/or the alien may have to repay these benefits.

These requirements remain in effect for three years from the date the alien was admitted to the United States for permanent residence.

RECORDING REQUESTED BY:

FOR RECORDER'S USE

WHEN RECORDED MAIL TO:

FOR THE AMOUNT OF THE LIEN BALANCE CONTACT:

COUNTY OF: _____
LIEN

On this _____ day of _____, 19____, I, _____, (The undersigned)

in the consideration of the granting of aid to me by the COUNTY of _____, a political subdivision of the State of California, hereby grant to the COUNTY of _____ a lien against the real property owned by me or in which I have an interest as described below. This lien is granted as security for the amount of aid paid by the COUNTY of _____ on behalf of myself, my spouse, or my children beginning the _____ day of _____, 19____, for a period of no more than six (6) consecutive months.

I hereby waive the defense provided by the statute of limitations.

This lien is binding upon myself, my heirs, executors, administrators, and assignees.

The following is a true and correct description of the real property owned by me or in which I have an interest:
(Attach additional pages if necessary)

NAME(S) OF OWNER(S) AS IT APPEARS ON THE COUNTY TAX ASSESSOR'S ROLLS:

THE AUTHORITY FOR THIS LIEN IS FOUND IN W & I CODE 11257.5

SIGNATURE OR MARK

DATE

PRINTED NAME IN FULL

SIGNATURE OR MARK OF SPOUSE

DATE

SPOUSE'S PRINTED NAME IN FULL

SIGNATURE OF WITNESS TO MARK(S)

DATE

NOTARIZATION

State of California, County of _____, ss. On this _____ day of _____, 19____, before me the undersigned, a notary public in the State of California, personally appeared

_____ and _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is (are) subscribed to this instrument, and acknowledged that he (she or they) executed it.

NOTARY SIGNATURE

TITLE

DATE

SEAL

AGREEMENT TO SELL PROPERTY

NOTE: Attach copies of information documenting other resources owned by the family at the time this agreement is signed (e.g., Statement of Facts Supporting Eligibility).

NAME		SPOUSE'S NAME		
CASE NUMBER	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER (SPECIFY STATE)	
ADDRESS OR LOCATION OF REAL PROPERTY	NAME(S) OF OWNER(S)		ESTIMATED CURRENT VALUE	AMOUNT OWED (LOANS, LIENS, OTHER ENCUMBRANCES) IF ANY

CONDITIONS OF AGREEMENT

I (We) understand that my (our) resources exceed the amount which an otherwise eligible family may have and still qualify for payments under the Aid to Families with Dependent Children (AFDC) program. I (We) hereby request that aid payments be made to me (us) until I (we) can sell the above-described real property at its appropriate fair market value. I (We) agree to take all necessary and proper steps to sell the above-described real property and to actively continue my (our) efforts to do so until the property is sold. I (We) understand that I (we) have six (6) months to sell the property and if at the end of six (6) months the property has not sold and my (our) resources continue to exceed the amount allowed, I (we) will be ineligible for assistance under the AFDC program. I (We) further understand that I (we) will have to repay the amount of aid I (we) receive that would not have been paid if I (we) had sold the above-described property on the day I (we) was (were) granted aid under these conditions.

SIGNATURE OR MARK	CURRENT ADDRESS	CITY, STATE, ZIP	DATE
SIGNATURE OR MARK OF SPOUSE	CURRENT ADDRESS	CITY, STATE, ZIP	DATE
SIGNATURE OF WITNESS TO MARK(S)	CURRENT ADDRESS	CITY, STATE, ZIP	DATE

AUTHORITY: W & I CODE 11257.5, MPP 42-213.12

SOCIAL SECURITY NUMBER: The number will be used in the administration of the AFDC Program and when coordinating information with other public agencies.

IMPORTANT INFORMATION ABOUT THIS AGREEMENT

I. You must make a Good Faith Effort to Sell the Property under the terms of this Agreement

When you sign the other side of this form, you agree to begin immediately to take steps to sell the property and to continue to make a good faith effort to sell the property until it is sold. To make a good faith effort to sell the property you must, at a minimum, either:

- (a) List the property for sale with a licensed real estate broker at the property's approximate fair market value and be willing to negotiate the price and the terms of the sale with potential buyers, or
- (b) Make an individual effort to sell the property which shall include all of the following:
 - (1) Advertise once a week in at least one publication of general circulation that the property is for sale.
 - (2) Place a sign on the property indicating that the property is for sale. Whenever possible the sign shall be visible from the street.
 - (3) Offer the property for sale at its approximate fair market value.
 - (4) Be willing to negotiate the price and the terms of the sale with potential buyers and respond to all reasonable inquiries about the property.

II. You must try to Sell the Property at no more than its Approximate Fair Market Value

The fair market value of the property is your choice of:

- (a) The assessed value of the property, or
- (b) A valuation of the market value of the property obtained by you from a licensed real estate broker.
- (c) In exceptional circumstances, such as when the property is located in a remote area and it is impossible or impractical to obtain a valuation, and you believe that the assessed value is too high or too low, the county and you may agree on the market value based upon other available information.

III. Notify your County Welfare Department

Notify your County Welfare Department as soon as you sell the property. Also, notify them if you have problems selling the property or if you decide not to sell the property.